Ann	eduction Act of 1995, no pen IT APPLICATION F Substitute	or Form PTO-876			APPIIOOII	or Dockel Number
APPLICATION AS FILED - PART I					LVU!	201034
FOR	(Column 1)	(Oolumn 2)	&MALL	ENTITY	OR .	OTHER THAN
BASIO PER	NUMBER FILED .	NUMBER EXTRA		7	. ۷۲۷ بنتم ا	SMALL ENTITY
67 OFR 1.18(a), (b), or (d)) 8EAROH FEE			RATE (1).	FEE (I)		RATE (1) FEC
EXAMINATION FEE						TOTAL FEE
12 (VTR 1.18(d), (n), or (m)						
TOTAL OLAIMS BY OFR 1.16(1))			1		-	
NDEPENDENT CLAIMS	enfaus 20 =	•	× 05		1	
	If the specification and	*	x /00 =	-	-	50
PPLICATION GIZE EE	If the specification and d sheets of paper, the app is \$250 (\$125 for small o	lication size for due			XC	200.
17 CFR 1.18(s))	additional to the	"illy) for each	11 1	: 1.	1	
ULTIPLE DECE	35 U.S.C. 41(a)(1)(G) an	d 37 CFR 1.16(s).	11 1	. 1	- 1	
OF DEPENDENT CO	-AIM PRESENT (37 CFR 1.16	σi´	180			
t the difference in column t	I is less than zero, enter '0' in	Column 9				860
/ APPLICATE	ON AS AMENDED - P	oominii Z.	TOTAL		To	OTAL .
		'ART ((
o Ci	AIMS	(mn 2) (Column 3)	SMALL EN	eren' C	or .	0711
REM/	AINING HIGH	BER PRESENT		1114	//(<u></u>	OTHER THAN SMALL ENTITY
Total AMEN	DMENT PAID	JUSLY I FXTDA I	RATE (\$)	ADDI: TONAL	` '	E (\$) AODI-
badanasdani	Minus	3 =	1	EE (\$)		TIONAL FEE (\$)
Application State	3 Minus ···	7 =	x 00 =	OR	1	D =
Application Size Fee (37	CFR 1.16(s))		X LO V =	OR	× ox	00
THE WILL WESELLY WILL WILL WILL WILL WILL WILL WILL W	MULTIPLE DEPENDENT CLAIM	(87 CFF(1.16(0))	180		-	
	1		TOTAL	OR.	36	
(Column	(Colum	(I.2) (Cot	ADDILFEE	OR.	TOTAL ADD'L FI	EE
CLAIN REMAIN	ING HIGHES	T				
Total AMENDA	PREVIOUS PAID FO	SIV EVIDA	RATE(\$) A	DDI- NAL	· RATE (*
(27 OFR 1,160))	Minus 44	=	FE	E(\$)		TIONAL
Independent Profit Light	Minus ***	=====	Х =	OR OR	×	FEE (\$)
Application Size Fee (37 Cl	FR 1.16(s))		·X · =	OR OR	X	-
FIRST PRESENTATION OF MI	JUTIPLE DEPENDENT OLAIM (3	7 CER 1 4000				=
	100 (0			OR:		1
		write *0* in column 3.	TOTAL		-	

The "Highest Number Previously Paid For" (IT THIS SPACE is less than 3, enter "9".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 °CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by fine induding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of line you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.